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TRICC
Training Intercultural and Bilingual Competencies in Health and Social Care

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Final Report Public Part

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Project information

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Executive Summary

In European health and social care, language barriers frequently exist between care providers and patients due in part to continuous migration. The TRICC-project was focused on developing training courses for different target groups in health and social care in order to enhance their intercultural and bilingual awareness and competencies. The training courses were designed for health care providers (physicians, nurses and social care providers), informal interpreters (medical staff, family members or friends of the patient) and students (medical and interpreting studies). The total project period was two years, from December 2008 to December 2010.

The aims of TRICC were:

- To acknowledge, support and enhance migrants' informal bilingual and intercultural competencies,
- To develop non-formal adult education courses,
- To test the training methodologies, based on varied forms of learning techniques, and
- To make these courses ready for implementation for any European minority group dealing with multilingualism.

The TRICC-consortium consisted of five European partners (DE, IT, NL, TR and UK) who have experience in different fields, like academic research, education, training and health care practice. Social, cultural, medical and communication scientists, linguists, public health care experts and health and social care providers are exchanging, expanding and combining their knowledge and experience in order to develop, provide and evaluate the training courses. All partners gathered together six times during the past two years (In Amsterdam, Ancona, Istanbul, Hamburg, London and Reggio Emilia).

To gain insight into the needs of the different target groups for the training, screening and in-depth interviews were held with patients, care providers (physicians and nurses), medical students and informal interpreters. The results were used to create lists of needs for different target groups and to design the content of the training.

Different training programmes were provided during the project. Firstly, the Netherlands has given training in October 2009 for general practitioners. Germany provided training for ad hoc interpreters (hospital nurses and refugees) throughout 2010. In March 2010 Italy has given training for health and social workers. The UK provided training and workshops for healthcare students, health practitioners, imams and staff (informal interpreters) from NGO's. All the countries used forum theatre as a training technique, as well as knowledge transfer, counselling and role play. Lastly, Turkey developed courses in medical interpreting for students of their university.

Several evaluation methods have been applied in order to evaluate the content and process of the training courses. The project resulted in national handbooks on good training practices. Furthermore, an international handbook has been written - on training courses in intercultural and bilingual competencies in social and health care. The results of the TRICC-project have been disseminated in numerous ways during the project (international and national conferences) and at our final conference, which was a joint meeting with WHO-HPH Task Force on Migrant-Friendly and Culturally Competent Health Care and COST Action HOME (Health and Social Care for Migrants and Ethnic Minorities in Europe). Moreover, plans are being made to disseminate the project beyond its duration within further European follow-up projects.

This report is not just written for the target groups of the TRICC-project, but is also of interest for a broader audience involved in improvement of health and social health care for immigrant patients (researchers, trainers, teachers, students, etc.). Further information can be found on the TRICC-website: www.tricc-eu.net.

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1. Project Objectives

In European countries immigrant health care users have poorer access to and receive worse quality healthcare. Furthermore, communication with their health care providers is less effective due to cultural and linguistic barriers. TRICC aims at enhancing and supporting bilingual and cultural competencies of patients, informal interpreters and care providers in order to improve the communication. To reach this aim, training courses have been developed, provided and evaluated for different target groups. National handbooks of good practices and recommendations have been composed, as well as an international handbook in which all project results were described.

Three main target groups were identified: (1) immigrant health care users, (2) physicians, nurses, social workers, and (3) informal, ad hoc and formal interpreters and mediators.

The focus within the training laid on enlarging intercultural knowledge, attitudes and skills. Not only have we raised awareness about interpreting and cultural issues in health care, but we also have begun to change the behaviour of the different target groups. In order to reach these aims, the following learning strategies were applied:

- Providing information (research results, case material, transcripts, communication theories, official rules of interpreter usage)
- Experimenting with new behaviour (through image theatre, forum theatre, role play, case discussion, counselling)
- Sharing experiences (imaging on interpreting issues, image theatre, sharing stories of patients, interpreters and care providers)

Different providers in the health and social care system have benefited from the newly learned strategies they have encountered in the training provided. They have become more sensitive to immigrant problems and needs and can use different strategies to communicate more effectively with their patients. Informal interpreters have mastered more bilingual and intercultural competencies and feel therefore more acknowledged and empowered. Immigrant patients have benefited indirectly through the improved knowledge and skills of care providers and interpreters which enables qualitative better care.

The evaluation results showed that the impact on and benefits for the target user groups have been quite substantial. By creating greater awareness, knowledge and skills in interpreted medical consultations, communication will be more effective. Immigrant patients will receive better care, because care providers are able to transfer their message more effectively and interpreters are more capable of doing their translating tasks. On a macro-level, these benefits might lead to less miscommunication in the health care system, which in turn implies better access to health care and better quality of care for immigrant patients. These effects are relevant in contributing to a better health care policy on interpreting in health care, national as well as international. In the end, it might contribute to a better political climate in European countries with regard to health and social care for non-European immigrants, and in that sense it might contribute to better integration of immigrants in host societies or social cohesion.

2. Project Approach

The TRICC-project consists of several phases (the so-called “work packages”), in which different methods were used to reach the aims and objectives. In this chapter, the main activities are described.

Interviews

The first phase of the TRICC-project consisted of assessing the needs of the immigrant patients, care providers and interpreters. Together the partners designed a topic list for use in interviewing the target groups. This was created by combining different interview lists, based on literature search and research methods preferred, and by discussing them among the partners. This resulted in a design of a topic list for a semi-structured in depth interview. Also some elements of ‘storytelling’ were used and some quantitative measurements were added in order to get a complete picture of the opinions, needs and experiences of the different target groups. The topics consisted of ‘experiences’ (with interpreted consultations), ‘opinions’, ‘organisational aspects’, ‘policy’, ‘communication aspects’ and ‘training wishes’. The results of the interviews were used to choose the target groups for the training, and to determine the training design. Case material was derived from the experiences of the respondents and the content of the training was adjusted to the needs of the respondents.

Training

After determining the needs of the target groups, training was designed by each country. As each country focused on (slightly) different target groups, the accent of the training courses was different. However, all training have in common that educational tools from *‘Forum and Image theatre*’ have been used (Boal, 2004). The latter refers to a series of techniques that allow people to learn through images and spaces and not through words alone. Forum theatre is used to rehearse scenes derived from daily practices, to safely experiment with new behaviour in familiar situations. In order to fine-tune the skills of the trainers, a workshop was given by an experienced Dutch trainer, who has specialized in using Forum and Image theatre. During this workshop, experiences were shared and a common way of using theatre techniques in the TRICC-training was created.

Other training methods that have been applied were knowledge transfer (e.g. presentation of research results), role play, counselling, analysing transcripts/videos and sharing experiences. In all trainings key elements were skills, knowledge and attitude to enhance the competencies of the participants.

Evaluation

After provision of the training, evaluation has been carried out. Two types of evaluation were discussed among the partners:

- A *process* evaluation, to determine if the training is implemented as planned (e.g. meeting expectations and interest, satisfaction with trainers and location).

- An *effect* evaluation, to assess the effects of the training on the participants.

Additionally, several evaluation strategies were discussed. Finally, it was decided that the process evaluation would be quantitative by creating a common questionnaire for the participants. Some countries have added qualitative aspects as well (e.g. verbal evaluation, directly after the training).

For the effect evaluation, a pre-measurement of reactions to statements is held by the participants. Directly after the last training day these statements were presented again in order to determine if opinions and/or behaviour have changed. After a period of time, in depth interviews were held with some participants of the training to evaluate the effects of the training on a longer run. The topics of the effect evaluation were the same for all countries, but the method applied to gather these data might be slightly different from each other.

It is important not only to evaluate the training process and effect, but to evaluate the TRICC project as a whole. After each partner meeting, the TRICC partners have evaluated the different aspects (management, process, organization etc.). Further, more specific ways of self evaluation have been performed halfway through and at the end of the project. Different methods were used (e.g. responsive and productive forms of collective evaluation).

Dissemination

Since the start of the project, much attention has been given to strategies for the dissemination. Results of the interviews and other activities of TRICC have been presented in reports and at numerous conferences throughout Europe. An extensive network has been created with other institutions and individual professionals with similar interests, national and international.

As mentioned earlier interview and training results of the project are published on the website, as well as some of the end products (www.tricc-eu.net). Results were also presented at our final conference in Reggio Emilia, which was combined with COST Action home en WHO-HPH Task force. This joint meeting enabled sharing experiences and intensified a European network on improving migrant health. In addition, two national conferences were organised in Italy and Turkey. These meetings were visited by a great number of interested persons which indicates the need for discussion about our project subject. A Dutch conference on interpreting in health and social care will be held in March 2011.

Research results will also be published in magazines and scholarly journals (e.g. joint articles between partners).

Finally, further dissemination of the project is and will be established through writing and distributing the national handbooks and the international handbook among interested parties. The latter can be freely downloaded from the project website.

3. Project Outcomes & Results

In this chapter the project outcomes and results of the interviews and training will be described. Furthermore, information is provided on where to find the project results.

Interviews

In Germany 8 hospital nurses working partly as ad hoc interpreters were interviewed. They were asked to share their experiences as ad hoc interpreters and to express their training wishes. Overall, nurses said that they faced difficulties with their role as an interpreter and the responsibilities and liability that come along with it. Important is to remark that on the administrative and organisational levels of most hospitals there is a lack of both consciousness as well as support, as the personal and phone interviews conducted with heads of patient care and human resources departments showed.

Italy conducted their interviews in a hospital as well. Six mediators, working partly as interpreters, and 4 immigrant patients were interviewed in order to gain insight into their needs. The main finding was the poor attitude and communication abilities of health and social staff when facing immigrant patients (experienced by the respondents). Additionally, interviews were conducted with 6 professionals working in crucial departments for immigrants (first aid, medicine, gynaecology and paediatrics), and having leading positions.

The Netherlands has interviewed 11 general practitioners, 4 social care providers and 15 informal interpreters. Striking differences about opinions with working with interpreters were found between general practitioners (GPs) and social care providers. In contrast with the latter group, GPs mostly make use of informal interpreters (family members or friends of the patient) to bridge the language barriers. A lack of knowledge about policies on interpreting seems to be missing in both groups. Results of informal interpreters show that they perceive their task as quite hard and complex, and it is felt a responsibility, too large for young adults. Especially interpreting as a child seems to be tougher and more difficult than as an adult. In both cases it is seen as an emotional burden when it comes to discussing sensitive problems like sexual and death issues. There seems to be a positive side though; the interpreting gives the young people satisfaction by supporting their relatives.

In the United Kingdom 53 Turkish general practice patients of whom nearly half (26) regularly did ad hoc interpreting were interviewed. They identified ‘trust’ and ‘privacy’ as major reasons for using ad hoc interpreters. 50 patients and 50 (potential) ad hoc interpreters from the Bangladeshi and Somali communities were also interviewed. The most striking finding was how widespread informal and ad hoc interpreting is in a context of extensive paid interpreting and advocacy services. Also students who did ad hoc interpreting and different staff members in health care systems were interviewed. A need for more bilingual and bicultural staff was expressed, but adequate training for this group is needed first.

The fifth partner (Turkey) participated in the project to reflect on cultural issues, the so called ‘cultural mirroring’. In order to give an idea of how interpreting issues are dealt with in Turkey itself as the origin of many European citizens with a migrant background Turkey conducted short interviews with 54 patients and 46

companions/interpreters who were visiting a hospital in the mostly Kurdish-speaking East and South-Eastern part of Turkey. It appears that the majority of the patients are bringing a companion to a visit to the doctor, and nearly half of the patients state that the communication with the doctor was 'not very successful'.

In addition to these findings, the Turkish partner is currently developing a questionnaire for doctors in South East Turkey to discover their needs when working with Kurdish patients who don't speak Turkish.

Training

The lists of needs, resulting from the interviews, were used to develop a training design for Germany, Italy, the Netherlands and the UK. The training formats were adjusted to the different target groups for the training. Germany provided training for ad hoc interpreters, Italy and the Netherlands provided training for care providers (health and social workers and general practitioners) and the UK for mediators, students, health practitioners and planners and Imams. All partners included Forum theatre as a major training method. In addition Turkey developed and provided regular courses on interpreting for students.

The Netherlands

The training has been given for 20 general practitioners, working in multiethnic areas in Rotterdam. The first aim of the training was to increase the GP's knowledge on the Dutch law, regulations and possibilities regarding formal interpreting. Secondly, awareness was strived for with regard to the needs and difficulties of bilingual patients, the role of the interpreter and reflection on the GP's attitude and practice which are culturally determined. Finally, participants were trained to improve their skills in interpreted consultations. To reach the aims, different educational tools were used: knowledge transfer, demonstrations, forum and image theatre (performed by '**H**outen**B**een**T**heater'), counselling, case discussions and interviews.
The evaluation results were positive. The GP's have gained more knowledge about (in)formal interpreters, are more aware of language and culture barriers and in some cases this also leads to a change in behaviour like working with a formal telephone interpreter more often. The learning effects on knowledge, attitude and behaviour after the training, imply a good training design and possibilities for implementation. Therefore, the same training can be conducted for doctors, paramedics, nurses and social workers in other work settings and locations in the Netherlands.

Germany

First, a two-days training was provided for a group of 14 multilingual nurses. These migrant nurses take part in training (22 months) to obtain a degree so they can work as nurses in Germany. They are frequently requested to interpret ad hoc, although the hospital management has no policy with regard to interpreting which might facilitate their translating work. The aim of the course was to improve multilingual and intercultural competencies, to empower them and to discover how to perform their role as interpreter. The training was not facilitated by hospital management; the participants followed the course in their own free time. The trainers made use of a variety of educational methods, like dialogue analysis, forum and image theatre, role

play, discussion. Issues as 'what does it mean to be a nurse and an ad-hoc interpreter at the same time?' were central. The training proved to be successful in terms of consciousness raising, and partly in terms of empowerment.

A second training programme of three weeks was developed and provided for 12 multilingual refugees with little interpreting experience. The aim was self-empowerment with regard to their personal situation and goals, and finding out how to employ their language skills as community interpreters. The training provided participants with basic tools to facilitate ad hoc interpreting. It increased their knowledge, they were empowered by new forms of personal reflection and they gained insight how to establish themselves as community interpreters.

Italy

A two day training programme was designed, mainly aimed to convince health and social care providers that mediation will be a solid solution to realize effective communication with migrant patients. There was a strong accent on improvement of skills and behaviour by using forum theatre techniques and case discussions under supervision. As an effect of the training, the participants became more aware of the positive effect of interpreters/mediators on the medical communication, and gained more insight in how to deal with these triadic communication situations.

The UK

In total the UK developed training for 102 people.

The first programme was for bilingual adult students in health and social care. The aim was to enhance their bilingual and cultural competencies and to practice interpreter skills and techniques. This course was conducted for seven students, all of them experienced in interpreting for family members and friends. A specific aim was raising consciousness with respect to their role as interpreter. Information was given about several interpreting models and attention was paid to interpreting skills. Forum theatre was used as a powerful training tool; all participants experienced the course as very instructive. The students indicated having gained greater awareness of ethical issues about interpreting, and how to cope with in practice.
42 participants working In the National Health Service or for them in Non-Governmental organisations had training on similar lines to the college students.
Eight Nursing students had a half –day of training on culture and language issues. This was very introductory but the evaluation by the students was that it had made them much more aware of the issues.
27 healthcare leaders attended a half-day seminar on health and Islam. This focused on the ideas of cultural capability and competence. It was mirrored by a session (using the same facilitators) in which they explored their knowledge of health and the implications of Islam for health.

Turkey

As well as conducting research into *ad hoc* interpreting in Eastern Turkey, the Turkish team also ran two six-week modules in medical interpreting for postgraduate and undergraduate students at Boğaziçi University, using the language pair Turkish-English. The main training tools were role-playing, the writing and discussion of

scripts for interpreted doctor-patient consultations, and a final exam intended to replicate an authentic medical situation requiring interpretation.

Results

The interview results were and will be presented on different European conferences (e.g. COMET09, ERCOMER, EACH, Mesopotamia Health days, COST-Action home, MigHealth). Reports containing the results were and will be written. Summaries of these reports are provided on the TRICC website: www.tricc-eu.net. Details of all results can also be found in the international handbook.

4. Partnerships

The consortium of the TRICC-project consisted of five partners:

- Utrecht University, The Netherlands (coordinating partner)
- Dock Europe e.V., Germany
- COOSS Marche Onlus Soc. Cop., Italy
- ppre Limited & University College London, The United Kingdom
- Boĝaziçi University, Turkey

The added value of working in a multi-country partnership is first of all to learn from each other's expertise. During partner meetings and on line discussions experiences have been shared and new strategies are being developed for European goals. Interdisciplinary working with different countries and different organizations has broadened the view of each participant in the project and results in products with a great and rich diversity. Turkey especially has had a central role in holding up a cultural mirror by reflecting on how intercultural and bilingual health care issues are dealt with in a non- western country. All these activities contribute in enriching the knowledge of each partner in a very substantial way.

Each of the participating countries in the TRICC-project deals with multiculturalism and multilingualism in their society. Similar problems occur in health care systems in Germany, Italy, The Netherlands, the UK and Turkey, such as how to deal with interpreting issues in a medical consultation. Of course there are differences and discrepancies between European countries as well, due to specific national, political and cultural contexts. Comparing and discussing these similarities and differences gives insight into the varieties of how communication in health and social care settings is carried out on a European level. Above all, it provides suggestions on how communication might be improved.

Not only did the project benefit from the exchange among the members, but it also gained from exchange with other European professionals. During partner meetings experts (e.g. trainers, physicians, researchers, social workers, students) from different countries were invited to share their experiences and discuss with the partners about the project approaches. This has led, for example, to the organization of a workshop in the Netherlands for three partners to learn from each other and to reach an understanding on training techniques (Forum and Image theatre).

By generating material on needs and training experiences of the target users, the TRICC project was able to exchange this material among the target users. A long term goal beyond the project period is to provide the ability for the different users to transfer their experiences in different countries. This may lead for example to sharing experiences about trainings for care providers with other care providers of all participating countries. The transfer of national organised training to all partners in Europe may contribute substantially to dissemination and valorisation of the project-products.

At the end of the project the value of working with different countries becomes even more obvious. Close contacts between partners and other countries created new European networks and has led to new ideas to disseminate TRICC after the project end (e.g. transfer of innovative method forum theatre, 'training the trainers').

In conclusion, all partners enjoyed working together in a project that focused on a highly relevant European issue. These experiences broaden the scope and enrich the knowledge of participants and the organizations they are working for.

The consortium was highly productive in several ways (exchanging knowledge and experiences & writing books, composing DVD's for dissemination and exploitation).

5. Plans for the Future

In Europe, migration can be considered as a continuous process. This results in an ongoing increase of multilingualism among European citizens. The benefits from being bilingual will be more evident in the near future and these bilingual competencies can and should be enhanced. The training developed within TRICC can contribute in a substantial way to support the development of bilingual and intercultural competencies. There are many ideas to disseminate the results of this project in the near future.

After the project period actions will be undertaken to consolidate the training courses. Contacts are made already with institutions (university hospitals) and foundations who might take over the concept of the training. They have a suitable context to provide and sustain the training after the project ends. By writing and distributing the handbooks on best practices in training on intercultural and bilingual competencies in health and social care, these training methods, which have proven to be effective, can be used across Europe for many different target groups (doctors, paramedics, nurses, social care workers, therapists, medical students etc.)

Moreover the use of forum theatre as a training method could be taken further. Through the use of this method, the involved target groups gained more knowledge and skills to transfer their powerlessness into competent behaviour when it comes to language barriers. Forum theatre is an effective method, performed in a fun way, within a safe and non judgemental environment. This innovative theatrical method will be transferred to training on topics other than interpreting (e.g. building trust, shared decision making). Furthermore, these methods will be introduced to more target groups within health and social care (see above).

As mentioned before, plans are being made to present and publish interview results and training impacts in different ways. All countries have already presented their results at national and international conferences. Some countries have also created poster presentations, others have written national reports. Because of the European character of this project, we also will publish on an international level, in popular as well as scholarly journals.

Finally, there are plans to continue in a new European consortium to implement these innovative trainings to other target groups and to other countries (e.g. Life Long Learning, Leonardo da Vinci).

6. Contribution to EU policies

This project contributes in several ways to the Lisbon objectives and priorities regarding the European striving for an economy of knowledge.

All the activities of the project, and especially the developing and testing of training, will contribute importantly to cultural and bilingual awareness of the different target groups. The widespread practice in Europe of ad hoc and formal interpreting in health care will be enhanced and professionalised, leading to a better understanding between health and social services providers and their clients (users).
These innovative training courses will lead to intercultural dialogue between different ethnic groups in Europe, as well as between different professional groups and lay persons. All these instances may lead to an increase in intercultural understanding and because of that to a greater social cohesion in the long run.
The training for the different target groups create an open learning environment: for the professionals, the quality of their lifelong training activities will increase, by creating an efficient vocational training opportunity. Forum theatre is an effective and active training technique which gives informal learners a voice, contributes to life long learning in a fun way within a safe environment.
By providing informal training opportunities for members of minority groups, the level of education of the immigrants may be improved considerably; these opportunities can help them to professionalise and to validate informally acquired skills. Encouragement of the development of bilingual skills will contribute importantly to the immigrants' self-awareness and self-esteem, and hence may contribute to social cohesion and integration. Immigrants whose informal competencies like mother-tongue and cultural know-how are appreciated and valorised are more eager to assume responsibility in the hosting country and feel themselves part of it.